

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019440

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 171Primary Registration District No. 4267Registrar's No. 16

FILED MAY 21 1962

1. PLACE OF DEATH

a. COUNTY

Lafayette

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN OdessaLength of stay in 1b
Lifec. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTIONInside Limits
Yes ☐ No ☐c. CITY
OR TOWN

Odessa

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
103 W. Mason St.Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Minnie

Middle

Belle

Last

VanMeter

4. DATE
OF DEATHMonth Day Year
May 17, 1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒Widowed ☐

8. DATE OF BIRTH

10-24-81

9. AGE (last birthday)

80

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Retired teacher

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Odessa, Mo.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Elgin O. Rex

13b. MOTHER'S MAIDEN NAME

Ida Belle Smith

14. NAME OF HUSBAND OR WIFE

Isaac VanMeter

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
2 Rex VanMeter, Odessa, Mo.18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Gastro-Intestinal Hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH

24 hours

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Carcinoma of the Head of the Pancreas

6 months

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8-7-61 to 5-17-62 and last saw her alive on 5-17-62
Death occurred at Two - Twenty P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Wayne Boydston MD

22b. ADDRESS

107 So 2nd St Odessa, Mo

22c. DATE SIGNED

5-18-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

May 19, 1962

23c. NAME OF CEMETERY OR CREMATORY

Odessa, Cemetery

23d. LOCATION (City, town, or county)

Odessa, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Husman-Sparks, Odessa, Mo.

25. DATE RECD. BY LOCAL REG.

5-18-1962

26. REGISTRAR'S SIGNATURE

Emma Davidson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William T. Sparks

Licensed Embalmer No. 4431

P. O. Address Odessa, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.